

**UNITED STATES DISTRICT COURT**

**DISTRICT OF ALASKA**

<p>Plaintiff(s),</p> <p>vs.</p> <p>Defendant(s).</p>
--

Case No.

**MOTION AND APPLICATION OF  
NON-ELIGIBLE ATTORNEY FOR  
PERMISSION TO APPEAR AND  
PARTICIPATE IN THE  
UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF ALASKA**

To the Honorable Judge of the above-entitled court:

I, \_\_\_\_\_, hereby apply for permission to appear and  
(name)  
participate as counsel for \_\_\_\_\_,  
(Name of party) (plaintiff/defendant)  
in the above-entitled cause pursuant to Rule 83.1 of the Local Rules for the United States  
District Court, District of Alaska.

I hereby apply for permission to appear and participate as counsel WITHOUT  
ASSOCIATION of local counsel because [check whichever of the following boxes apply, if  
any]:

I am a registered participant in the CM/ECF System for the District of Alaska and consent  
to service by electronic means through the court's CM/ECF System.

I have concurrently herewith submitted an application to the Clerk of the Court for  
registration as a participant in the CM/ECF System for the District of Alaska and consent  
to service by electronic means through the court's CM/ECF System.

For the reasons set forth in the attached memorandum.

**OR**

I hereby designate \_\_\_\_\_, a member of the Bar of this court,  
(Name)  
who maintains an office at the place within the district, with whom the court and opposing  
counsel may readily communicate regarding conduct of this case.

DATE:

\_\_\_\_\_  
(Signature)

(Printed Name)

(Address)

(City/State/Zip)

(Telephone Number)

(e-mail address)

Consent of Local Counsel\*

I hereby consent to the granting of the foregoing application.

DATE:

\_\_\_\_\_  
(Signature)

(Printed Name)

(Address)

(City, State, Zip)

(Telephone)

(\*Member of the Bar of the United States District Court for the District of Alaska)

DECLARATION OF NON-ELIGIBLE ATTORNEY

Full Name:

Business Address:

(Mailing/Street)

,

(City, State, ZIP)

Residence:

(Mailing/Street)

,

(City, State, ZIP)

Business Telephone:

e-mail address:

Other Names/Aliases:

Jurisdictions to Which Admitted and year of Admission:

(Jurisdiction)

(Address)

(Year)

(Jurisdiction)

(Address)

(Year)

(Jurisdiction)

(Address)

(Year)

(Jurisdiction)

(Address)

(Year)

Are you the subject of any pending disciplinary proceeding in any jurisdiction to which admitted?

Yes      No      (If Yes, provide details on a separate attached sheet)

Have you ever been suspended from practice or disbarred in any jurisdiction to which admitted?

Yes      No      (If Yes, provide details on a separate attached sheet)

In accordance with Local Rule 83.1, I certify I have read the District of Alaska local rules by visiting the court's website at <http://www.akd.uscourts.gov> and understand that the practices and procedures of this court may differ from the practices and procedures in the courts to which I am regularly admitted.

A Certificate of Good Standing from a jurisdiction to which I have been admitted is attached.

Pursuant to 28 U.S.C. §1746, I hereby declare under penalty of perjury that the foregoing information is true, correct, and accurate.

Dated:

*Tara M. Derbisz*

(Signature of Applicant)



*On behalf of JULIO A. CASTILLO, Clerk of the District of Columbia Court of Appeals,  
the District of Columbia Bar does hereby certify that*

***Tara M Derbisz***

*was duly qualified and admitted on December 4, 2017 as an attorney and counselor entitled to  
practice before this Court; and is, on the date indicated below, an Active member in good  
standing of this Bar.*

*In Testimony Whereof,  
I have hereunto subscribed my  
name and affixed the seal of this  
Court at the City of  
Washington, D.C., on November 28, 2025.*

*Julio A. Castillo*  
**JULIO A. CASTILLO**  
Clerk of the Court

Issued By:

A handwritten signature in black ink, appearing to read "David Chu".

*David Chu - Director, Membership  
District of Columbia Bar Membership*

***For questions or concerns, please contact the D.C. Bar Membership Office at 202-626-3475 or email  
memberservices@dcbar.org.***